

A95000001264

TODD EDWARD BERGER
DENNIE HUBBELL CURETON *
GREGORY T. ELLIOTT
FREDERICK L. MOUREN **

* MEMBER OF FLORIDA
AND GEORGIA BAR

** MEMBER OF FLORIDA
AND INDIANA BAR

810 83RD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33702

PLEASE REPLY TO

P. O. BOX 20768
ST. PETERSBURG, FLORIDA 33748

CHRISTOPHER F. WELLS
(1948-1988)

TELEPHONE
(813) 877-3070

FACSIMILE
(813) 877-6400

August 21, 1995

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

5000001567985
-08/24/95--01010--001
***971.25 ***971.25

Re: Daredevils Partnership, Ltd.

Dear Sir:

Enclosed please find the original and one (1) copy of the Certificate of Limited Partnership of the Daredevils Partnership, Ltd., together with the Affidavit of Capital Contribution. Please file same with your office, returning a certified copy to our office at the address above.

Our firm's trust account check in the sum of \$971.25 is enclosed for your filing fees herein and represents the following:

Filing fee	\$875.00
Certified copy	\$2.50
Registered Agent	\$5.00
Certificate of Status	\$8.75

Total \$971.25

Thank you for your courtesy and cooperation in this matter. Should you have any questions, please do not hesitate to contact me.

Yours very truly,



Todd Berger

TB/km
encl.

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95 AUG 24 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM

CERTIFICATE OF LIMITED PARTNERSHIP
OF THE DAREDEVILS PARTNERSHIP, LTD.

THE UNDERSIGNED, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certifies as follows:

1. NAME OF LIMITED PARTNERSHIP: The name of the Limited Partnership is DAREDEVILS PARTNERSHIP, LTD.;
2. OFFICE FOR MAINTENANCE OF BUSINESS RECORDS: The address of the office which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 15481 49th Street North, Clearwater, FL 34622;
3. AGENT FOR SERVICE OF PROCESS: The name and address of the Partnership's Agent for Service of Process in Florida is Todd Berger, Esq., 810 63rd Avenue North, St. Petersburg, FL 33702;
4. GENERAL PARTNER: The name and business address of the General Partner in the Limited Partnership is Daredevils, Inc., 15481 49th Street North, Clearwater, FL 34622;
p45-64924
5. ADDRESS OF THE LIMITED PARTNERSHIP: The mailing address of the Limited Partnership is 15481 49th Street North, Clearwater, FL 34622;
6. DATE OF TERMINATION: The date on which the Limited Partnership is to terminate is July 31, 2035;
7. EFFECTIVE DATE: This Certificate will become effective, and the Limited Partnership will be formed on the date this Certificate is filed with the Secretary of State, State of Florida.

Dated this 21 day of August, 1995, in St. Petersburg, Pinellas County, Florida.

WITNESSES:

Sign: 

Print: Karen S. Cash

Sign: 

Print: KAREN MITCHELL

DAREDEVILS PARTNERSHIP, LTD.

Daredevils, Inc., General Partner

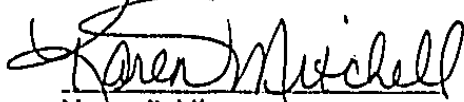
By: 

Its Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 21 day of August, 1995, by EDWARD FISHER, as Vice President of Daredevils, Inc., as General Partner of the Daredevils Partnership, Ltd. He is personally known to me and did take an oath.

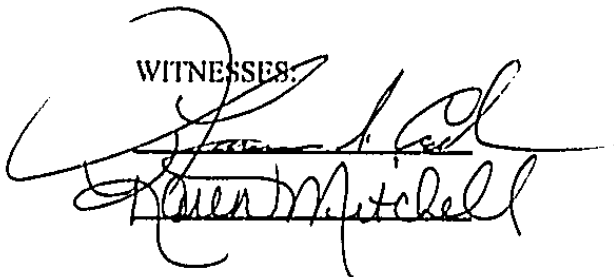

Notary Public
My commission expires:




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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned registered agent hereby accepts such designation on this 21st day of August, 1995. I am familiar with and accept the duties and responsibilities as Registered Agent for this limited partnership.

WITNESSES:

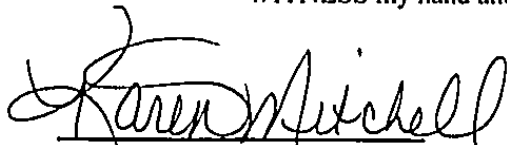

Karen Mitchell

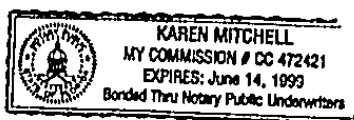

TODD BERGER
Registered Agent

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared TODD BERGER as Registered Agent, to me well known to be the person described in and who acknowledged before me that he executed the foregoing voluntarily and for the purposes therein expressed.

WITNESS my hand and official seal this 21st day of August, 1995.


Notary Public
My commission expires:



AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
THE DAREDEVILS PARTNERSHIP LTD.

STATE OF FLORIDA
COUNTY OF PINELLAS

The undersigned, as General Partner of the Daredevils Partnership Ltd., hereby declares that the Capital Contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made Capital Contributions consisting of cash in the amount of.....\$125,001.00.

It is anticipated that other Limited Partners may make further Capital Contributions in exchange for Limited Partnership Units. At this time, the amount of the additional contributions has not been determined.

FURTHER THE AFFIANT SAITH NOT.

WITNESSES:

Sign: [Signature]
Print: James S. Cook

Sign: [Signature]
Print: KAREN MITCHELL

DAREDEVILS PARTNERSHIP
Daredevils, Inc., General Partner

By: [Signature]
Its Authorized Representative

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95 AUG 24 PM 2:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATE AFFAIRS

FILED

96 MAR 29 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED WITH DOCUMENT #

1. Name of limited partnership

1a. DOCUMENT #
A95000001264

DAREDEVILS PARTNERSHIP, LTD.

96-AR

CM

Mailing Address

15481 49TH STREET NORTH
CLEARWATER FL 34622

Principal Office Address

15481 49TH STREET NORTH
CLEARWATER FL 34622

If there is a change in the principal office address, the mailing address, and other pertinent address, so that it can be reached by the Department of State, please indicate the change in the following manner:

3. Date of last report
FLORIDA
08/24/1995

3a. Date of report

4. State of report

FL

5a. Capital Contributions as Stated
in Report
\$125,001.00

5b. Amount of Capital Contributions as
Stated in Report
\$125,001

6. Filing Fee

X Applied Fee
Not Applicable

7. CERTIFICATE OF STATES REQUIRED

1.75 Additional Fee (1.75)
or a Certificate of State (1.75)

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE PAID BY DEBIT CARD, CREDIT CARD, OR BY CHECK TO THE TREASURY DEPARTMENT, 1000 PENNSYLVANIA AVENUE, N.W., WASHINGTON, D.C. 20540.
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

BERGER, TODD ESO.
810 63RD AVENUE
NORTH ST. PETERSBURG FL 33702

10. If changed, new Registered Agent (Name)

Name
500001771545
Street Address (P.O. Box Not Permitted) 04/08/96--01013--010
City, State & Zip Code
*****576.25 *****576.25

City
FL Zip Code

10a. If signed by the party, owner, officer or agent of the limited partnership, the above named limited partnership entity is registered under the laws of the State of Florida, and the undersigned hereby certifies that the purpose of this report is to report the annual report of the limited partnership to the State of Florida. Such a report was authorized by the general partnership, thereby, in effect the appointment of registered agent, and the undersigned hereby certifies that the purpose of this report is to report the annual report of the limited partnership to the State of Florida.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)

11a. Address of Each General Partner

11b. City, State & Zip Code

11c. Registration Document Number

DAREDEVILS, INC.

15481 49TH STREET NOR

CLEARWATER FL 34622

P95000064924

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. If the limited partnership is a corporation, limited partnership or other business entity, the undersigned hereby certifies that the purpose of this report is to report the annual report of the limited partnership to the State of Florida. Such a report was authorized by the general partnership, thereby, in effect the appointment of registered agent, and the undersigned hereby certifies that the purpose of this report is to report the annual report of the limited partnership to the State of Florida.

SIGNATURE

EDWARD FISHER, SECRETARY
DAREDEVILS, INC.

Telephone Number 813-524-8777

CR0503 (11/95)